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## BIB DATA SHEET

CONFIRMATION NO. 4766

<b>SERIAL NUMBER</b> 10/727,120	<b>FILING or 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> MOEN / 04B		
<b>APPLICANTS</b> Stephen P. Moenning, Punta Gorda, FL; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/934,399 08/21/2001 PAT 6,695,815 } YES - <i>aw</i> which is a CON of 09/511,100 02/23/2000 PAT 6,302,873 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/03/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /QUYNH-NHU HOANG VU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> WOOD, HERRON & EVANS, L.L.P. 2700 Carew Tower 441 Vine St. Cincinnati, OH 45202 UNITED STATES						
<b>TITLE</b> Minimally invasive medical apparatus for dispensing a biologically active compound and an associated medical procedure for dispensing a biologically active compound						
<b>FILING FEE RECEIVED</b> 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			